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ABSTRACT

The coping style model--a behaviorally oriented, cognitive approach for psychologists, counselors, and teachers to use with behaviorally disordered individuals--is described. Coping style is seen as a learned behavior based on two factors--an individual's perception of problem source and of behavioral sequences. A cube model is used to illustrate the interrelationship between the three basic types of coping styles (attack, avoidance, and withdrawal) and externalized vs. internalized perceptions. Differences in development between the externalized and internalized person are pointed out. Finally, definitions of various coping sytles are offered. It is concluded that analysis of coping style is essential to planning intervention programs to help individuals learn more appropriate and acceptable behaviors for dealing with problems. (SW)

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THE COPING STYLE APPROACH TO UNDERSTANDING AND DEALING WITH BEHAVIOR DISORDERS

I. THEORY AND DEFINITIONS

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THE COPING STYLE MODEL

The Coping Style model is a behaviorally oriented, cognitive approach to managing persons with behavior problems. Whether or not the behavior has been consciously learned or is the result of faulty perception of the demands of the environment is of little or no importance.

The theoretical background for the Coping Style approach evolved from work done by Allport (1950), Dollard and Miller (1950), Bandura (1965), and a number of other scholars working in the field of emotional disturbance. The concept of functional autonomy of behavior, as articulated by Allport, is central to the evolution of the Coping Style model. This contribution suggests that for a behavior to continue it must have functional autonomy! That is, if a behavior continues to persist it must have value to the individual. This concept leads to the equally important axiom that all behavior is adjustive in nature. There is no such thing as maladaptive or malajusted behavior. The labels "maladjusted," "bad," and "inappropriate" are given by the prevailing, norm-making group in that society. In another society the same behavior may be considered to be not only appropriate but even desirable. Similarly, for the individual engaging in the behavior, it

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may appear to be perfectly satisfactory. Thus, the approach that behaviors be viewed as attempts to cope rather than being labelled "good," "bad," "right," or "wrong" is appropriate.

Coping can then be defined as the cognitive process used to deal with presently occurring inter/intrapersonal problems.

Excluding those behaviors that are organically caused (e.g., seizures, tremors, unconsciousness, etc.), most of the behavior used by an individual to cope with his environment is learned behavior. The particular method selected and used to resolve conflict is a Coping Style. The style of coping behavior an individual initially selects for use in dealing with a situation is determined by two factors: (a) his perception regarding the source of the problem and (b) his perception of the consequences of his behavior. Later, the continued use of a specific Coping Style to deal with problems may become habitual. The emphasis upon the "perceived" problem utilizes a phenomenological or existential position that does not question the correctness of the perception but accepts it as accurate to the perceiver.

The Coping Style model differs from the behavior modification approach in that it provides a basis for predicting behavior rather than reacting to behavior after it has occurred. The model provides an approach psychologists, counselors, and teachers can use to analyze the coping process being used. Instead of asking "Why?" a person is using certain behaviors, in terms of a diagnostic syndrome, this approach asks, "What is the behavior doing for the person?" "Does the behavior help him delay response or avoid the problem?" "Is the behavior one

of attack caused by the frustrations and anger created as the result of the problem?"

Once the purpose of the behavior is identified, the counselor or teacher can begin to help the individual make alternative, more appropriate behavioral selections--essentially reversing the "limited choice" process. In the Dollard and Miller (1950) learning paradigm of drive, cue, response, reinforcement, it has been shown that ambiguous cues can result in nonappropriate responses leading to negative consequences rather than positive ones. If the theory that disturbed persons frequently distort the processing of information is accepted, it is then reasonable to assume that rigid or "limited choice" coping styles often may be due to cues that are inaccurately interpreted. Stated in other terms, disturbed behavior is the person's inability to monitor situations appropriately or accurately. For example, a "normal" person might use denial initially to reject the sudden death of a friend by saying, "Oh no! I just spoke to him a few days ago." After the initial reaction of denial the monitoring system or reality checking system says, "Well, he was of an age when heart attacks are not uncommon. Too bad there was no warning sign so he could have been treated for it."

ENUNCIATION OF COPING STYLE

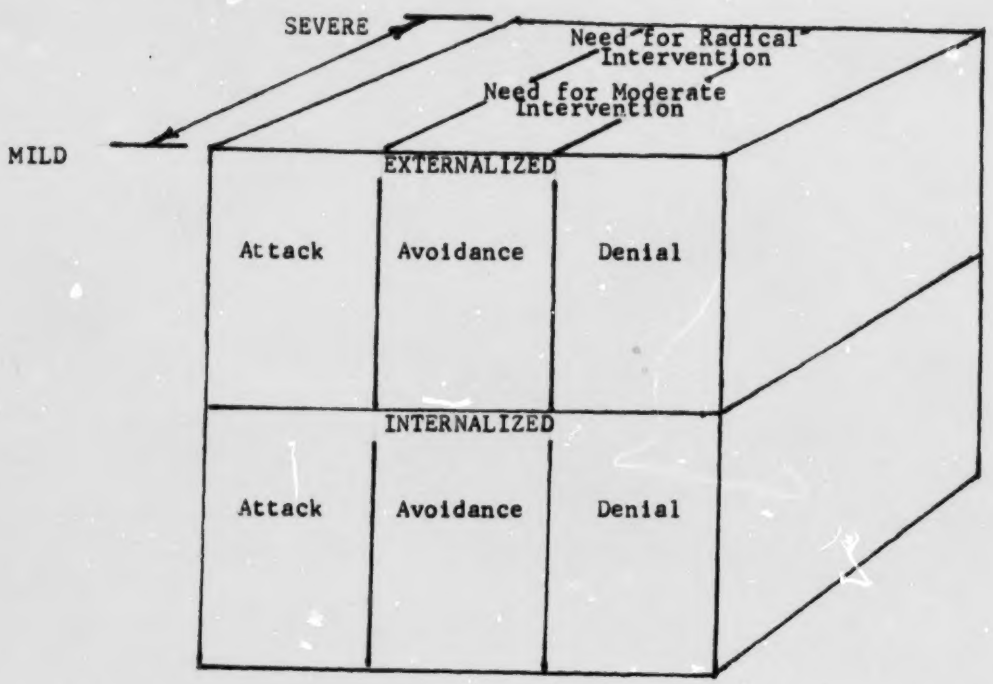
Most writers cite the basic reactions to problems and frustrations as being attack and withdrawal. Work on experimental neurosis with rats has demonstrated these two reactions. Since withdrawal may take different forms, a refinement of this style of coping into its two components is essential to the ultimate definition of the behavioral style being

adopted. One type of withdrawal is denial of the problem. A second type of withdrawal is avoidance of the problem. The basic difference between the two types is the awareness factor. The denier refuses to be aware of the problem while the avoider puts off dealing with it while being fully aware that the problem exists.

Each of the Coping Styles (Attack, Avoidance, and Denial) may be externalized or internalized. That is, the individual perceives the problem outside or within self. The concept of externalized and internalized perceptions of the source of the problem has been recognized for some time and discussed by such writers as Achenbach (1966), Rotter and Kochreich (1975), and Rosenberg (1979). This concept is essential to a thorough and complete understanding of Coping Style as pointed out in the literature on psychopathology dealing with anger, anxiety, fear, etc., directed inward as well as outward and also with delusional systems directed both inward and outward.

The Cube Model of Coping Style, Figure 1, shows graphically the interrelationship among externalized-internalized, avoidance-denial-attack behaviors as they are used as coping processes by persons attempting to deal with their problems. The intensity of the use of a specific Coping Style becomes greater as the movement is from the front to the back of the cube. At the front of the cube, the use of any one process is mild, indicating the person is making use of a number of Coping Styles, is focusing on no one of them, and little or no intervention is indicated. By the time one approaches the middle of the cube the number of Coping Styles being used has narrowed,

FIGURE 1. Cube Model of Coping Style.



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the individual is tending to focus on one or two Coping Styles, the behavior is more acute, and moderate intervention is indicated. The Coping Style used has become very restricted and radical intervention is indicated by the time the back of the cube is reached.

Most persons use all of the styles of coping to a greater or lesser degree. Everyone upon occassion uses avoidance, denial, and attack, both externalized and internalized. The coping process used upon specific occassions by most persons depends upon the situation, with whom the individual is having a problem (spouse, peer, boss, etc.), and ones past experiencs with the use of that Coping Style. These persons are multi-choice individuals who have available a variety of different alternatives while maintaining an awareness of the consequences thus allowing flexibility in both choice of actions and consequences.

It is only when the person begins to use one or two Coping Styles to the exclusion of the other options available to him that the behavior becomes acute and some type of intervention must be planned and instituted. These are limited-choice individuals. They have a narrow range of alternatives available in their behavior repertoire. Their expectations become "fixed" and the consequences are often undesirable or inappropriate. They are exhibiting rigidity in both actions and outcomes. No alternative behaviors appear to be perceived that will solve the person's problems.

Since most behavior is learned, it logically follows that the Coping Style used by an individual is also learned. Within this

context, coping can also be perceived as a device for maintaining "control" of life situations. Thus, if one extends Sullivan's (1953) concept of "significant other" into a behavioral context, that person can be described as a prime source of reinforcement to himself. When stages of development or interaction occur that demand change in the response of the person to certain demands (stimuli), a control crisis exists in which the responder may perceive reinforcement per se. For example, a person graduates from high school, technical school, or college and refuses to get a job and move out of the home and room that have been his. He does not see the expected behavior (getting a job and moving out of his parents' home) as valuable since it lessens his control over the providers of gratification--the parents who have provided clothing, food, housing, and a recreational allowance. The very dependence of the person keeps him in control of the situation. Thus, throughout life as the person matures and becomes more or less socialized (i.e., conforming to society's mores) a continuing compromise between losing control and gaining independence ensues.

At various stages of "growing up", the child/adult exchanges dependence control for indepencence. As a result a pervasive and omnipresent source of conflict exists from birth to death. As the individual is confronted with situations demanding some relinguishing of control, he must develop a Coping Style to handle the fear or anger generated by the loss of control. When the situation arouses perceived fear of consequences, withdrawal styles are used. When the situation arouses anger ("double-bind" or "Catch 22"), attack styles

are called forth. What conditions or learning experiences then determine whether or not a person becomes an internalizer or an externalizer?

Development of the Externalized Person. The early experiences of persons who become externalizers (i.e., see their problems as being someone elses fault) follow a basic pattern of perceived fear of punitive treatment, either verbal or physical. The learning experiences of this type of person have usually been with parents who threaten, cajole, and/or actually beat the child. The purpose of the Coping Style developed by the externalizer is to avoid punishment rather than to correct or change his behavior.

Development of the Internalized Person. The early experiences of persons who become internalizers (i.e., see the problem as being caused by self) are filled with situations that encourage the development of a negative self-concept or dislike of self. This usually can account for the use of internalized perceptions of fault; "I am no good and, therefore, I can do no good." The early learning experiences of this type of person have often been with parents or adults who belittle, humiliate, and degrade, using guilt as a means of control. "Look what you have done to my good table cloth." "Can't you ever do things right?" "Do you have any idea how much we have sacrificed for you?" Thus, the experiential background of the person points to fear of failure, fear of rejection, fear of loss of face, fear of humiliation, and fear of embarrassment. Application of these feelings leads to the following interpretation of the Coping Style for

these individuals. The learning experience that leads to the use of withdrawal, either denial or avoidance, is fear. It may be perceived fear of punishment, pain, or rejection.

DEFINITION OF THE COPING STYLES

Externalized Attack is the most easily and generally recognized of the coping behaviors. Society is usually most aware of this type of behavior and most concerned with it. It is evident when one person shouts at or attacks another verbally or when one person strikes another. The most acute form of externalized attack is homocide. In externalized attack the individual is expressing his frustrations and anger through the use of some overt, aggressive type of behavior.

Externalized Avoidance is the coping process used to excuse one's behavior or failure to perform or act by placing the blame upon someone else. The person is fully aware that action should be taken but is using an excuse for having failed to act. Rationalization ("I would have but they....") is a common, mild form of externalized avoidance. In the extreme it can lead to complete withdrawal.

Externalized Denial also enables the individual to place the blame for behavior (or lack of performance) upon someone else. Denial techniques are used when the person cannot accept what is happening and will not even acknowledge existence of the problem. Whatever happens is someone elses fault because the individual had no knowledge of what was expected of him. The most extreme form of this type of behavior is paranoia--the person has delusions that everyone is against him, is talking about him or doing things to him.

Internalized Attack is usually not obvious (as is Externalized Attack) and, consequently, often is paid little or no attention. Here the person turns the frustration and anger upon self. The behavior is self-destructive. In mild cases, the individual may merely castigate himself verbally. In more extreme cases the person may actually cause himself physical harm even to the point of self-destruction--suicide.

Internalized Avoidance is the failure to perform actions the person is fully aware he is expected to act upon. The most common type of internalized avoidance behavior is procrastination. The person knows the task should be done but continues to put off doing it. Other more extreme forms of internalized avoidance are rather continuous use of psychosomatic complaints.

Internalized Denial is another method used as a refusal to accept the existence of the problem. Simple verbal disclaimers as, "Who me?" are mild forms of internalized denial. Extreme forms consist of conversion hysterias, especially conversion paralyses where the individual is not consciously aware of withdrawing but actually cannot see, cannot hear, or becomes physically immobile although there is nothing physically wrong with him.

CONCLUSION

An analysis of Coping Style is essential to planning intervention programs that will help persons learn more appropriate and more acceptable behaviors for dealing with their problems. This requires, initially, identification of the person's commonly used Coping Style. For this it is essential that an instrument rather than observation be used to obtain

the information. Only in this way will the diagnosis be accurate and not influenced by observer bias, beclouded as the result of disguising of the Coping Style being used, or misdiagnosed due to lack of adequate sampling of behavior.

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